North Carolina – Treatment Outcomes and Program Performance System (NC-TOPPS)

Advisory Committee

July 27, 2006 Meeting Minutes

Attendees

Member/Representatives:

Sonja Bess	Mental Health Services of Catawba County
Kent Earnhardt	Advocate for Persons with Disabilities
Dan Herr	Orange Person Chatham Consumer Family Advisory Committee
Chuck Hill	Piedmont Behavioral Health
Connie Mele	Mecklenburg County Area MH, DD, SA Authority
David Peterson	Wake County Human Services
Andy Smitley	Sandhills Center for MH, DD & SAS
Janice Stroud	The Durham Center Providing Behavioral Health & Disability Services

Guests:

Rick Boquist	Innovation Research and Training, Inc.
Margaret Clayton	Five County Mental Health Authority
Tad Clodfelter	SouthLight, Inc.
Sherri Green	Consultant to DMHDDSAS
Sneha Desai	Piedmont Behavioral Health

Staff:

Spencer Clark	Division of Mental Health Developmental Disabilities and Substance Abuse Services (DMHDDSAS)
Shealy Thompson	DMHDDSAS
Maria (Ging) Fernandez	DMHDDSAS
Karen Eller	North Carolina State University's Center for Urban Affairs and Community Services (NCSU CUACS)
Jaclyn Johnson	NCSU CUACS
Kathryn Long	NCSU CUACS
Mindy McNeely	NCSU CUACS
Marge Cawley	National Development and Research Institutes, Inc. (NDRI)
Gail Craddock	NDRI
Deena Medley-Murphy	NDRI
Lillian Robinson	NDRI

Meeting Convened

- Marge Cawley convened the meeting at 10:05 a.m. with self-introductions.

April 27, 2006 Meeting Minutes Approved

Sandhills Quality Improvement Projects

- Andy Smitley, Sandhills LME, shared with the Advisory Committee five quality improvement projects Sandhills conducted to satisfy the SFY 2005-2006 LME Performance Contract Performance requirement 1.6.1, Quality Improvement Process. The LME is required to conduct 3 to 5 QI projects focusing on activity between July 1 and June 30. The LME is required to submit an annual quality improvement report that describes how it has used its QI process to address service delivery issues in at least one of the following areas:
  - Building service capacity
  - Ensuring continuity of care during divestiture of services and/or
  - Ensuring the use of evidence based practice
- Sandhills QI projects addressed the following:
  - The basis for choosing the issues targeted for improvement (e.g., data analyzed)
  - Strategies developed to address identified issues
  - Actions taken
  - An evaluation of results to date and
  - Recommendation for next steps
- Sandhills LME QM Committee identified and supported the areas of focus selected for its local QM projects. Each project consisted of a project manager and a multi-disciplinary workgroup. Technical support and consultation to the projects as requested. The work groups were comprised of disabilities and LME organizational representation.
- Sandhills QI projects were:
  - Review of Second Generation Antipsychotic Polypharmacy
  - Area Wide Training of Staff in Recognition and Treatment of Post Traumatic Stress Disorder
  - Post Inpatient Hospitalization Survey
  - Person Centered Planning
  - Community/Public Forums Series
- Smitley's presentation focused predominantly on the first three projects. He quickly reviewed the Person Centered Planning Project and Community Public Forums Project. He provided a PowerPoint handout that summarizes his presentation. For more detail about these QI projects see the attachment, **Sandhills QM Projects**.

July 1, 2006 NC-TOPPS Guidelines and Online System

- Mindy McNeely shared that new Guidelines have been posted to the web on the pop up window at the NC-TOPPS website and under the Training Support Materials link. She also shared two handouts. One was the SFY 2006 – 2007 NC-TOPPS Implementation Guidelines for Substance Abuse and Mental Health Consumers, Version 3.0, Effective July 1, 2006. The other sheet highlighted the major changes to the Guidelines.
- The major changes consisted of:
  - Wording changes –
    - Assessments are now referred to as Interviews

    - ♦ Discharge Assessments are now referred to as Episode Completion (Discharge) Interviews
  - o Exclusions, p.4, Section IV
    - ♦ Consumers in the IPRS Adult Mental Health Stable Recovery
      - ➢ (AMSRE) population only (consumers who previously had a NC-TOPPS completed in the system and are moving into the AMSRE target population, please see Section VII for Episode Completion (Discharge) instructions) *(see below)*
      - ➢ Stable Adult MH Consumers receiving Medication Management only, Outpatient only, or a combination of Medication Management and Outpatient (these consumers are not receiving any enhanced services, such as Community Support, Community Support Team [CST], or Assertive Community Treatment [ACT]
  - o Transfer and Episode Completion instructions, p. 6, Section VII
    - ♦ For consumers who are in NC-TOPPS and are moving into the AMSRE target population:
      - ➢ An Episode Completion (Discharge) Interview should be completed. For the item asking reason for Episode Completion, the QP would check "Moved to Adult MH Stable Recovery (AMSRE) target population.
  - o Added information on Superuser, p. 8, Section VIII
    - ♦ Superuser capabilities and Enrollment for the Web-based System
  - o Added information on compliance reports, p. 10, Section X
    - ♦ Explanations for the various reports sent by the Division to assist LMEs in managing the submission of NC-TOPPS Interviews are provided.
- Shealy Thompson went over the compliance reports, Section X. She described the process of creating the Initial reports and the time allowed for LMEs to respond to discrepancies. She noted that for the missing Updates clinicians and superusers can go to the online system for review and verification. Thompson noted that the Division is still working on improving coordination between the various Division sections to get the most accurate compliance data included in the reports. Medicaid consumers will be included in the reports that start on July 1. The Division will begin to combine the Medicaid and IPRS data in determining Initial Interview compliance.

Issues Related to Substance Use Measures and Polydrug Use in NC-TOPPS

- Gail Craddock presented on "Issues Related to Substance Use Measures and Polydrug Use in NC-TOPPS." She investigated if NC-TOPPS consumers used more than one drug and if categories of poly drug use might be helpful in outcomes analysis to determine whether treatment works, in tailoring service and in improving descriptive and comparative analyses.
- Craddock led us to questions to ask about how to analyze substance use based on the NC-TOPPS data. Her one graph notes, "Just knowing the primary drug is cocaine does not tell the whole story!!!" The questions raised include:
  - o Utility of single substance use approach?
  - o Utility of Primary drug approach?
  - o What levels of use constitute a problem? (any use, monthly use, weekly use)?
  - o What type of information should a polydrug use measure capture?

- She ended her discussion with future directions in measurement development:
  - Polydrug measure that helps describe multiple use in NC-TOPPS
  - Other clinically descriptive patterns to capture types and/or seriousness of use
  - Appropriate outcome measures that capture reduction of multiple use and/or seriousness of use.
- For more specifics of her presentation, please see attachment, **Substance Use Measures & Polydrug Use.** Another handout also was provided displaying poly drug use statewide and by primary drug and substance use in the year before entry into treatment. Additionally in this handout graphs portrayed poly drug use of consumers with various primary drug designation. For a copy of this handout, please contact cawley@ndri-nc.org.

SFY 2006 End of Year Annual Reports

- Craddock distributed two handouts. One was an example LME Adult Substance Abuse report of Initial Matched to a 3-month or Completed Treatment Update, July 1, 2005 through June 30, 2006. The other sheet provided information on the five annual LME reports that are currently available to each LME.
- She went through the three parts of the reports explaining the type of information that is provided in each. She answered questions and asked each LME to review its own report and get back to her if questions arise or clarification is needed.
- A brief discussion on providing reports for CFACs ensued. It was suggested that down the road it might be good to have some special studies done that would be beneficial for CFACs.

Quality Quick Facts

- Shealy Thompson highlighted the Quality Quick Facts that can be found at the Division's website. She provided a handout that displayed the latest Quality Quick Fact graph, please contact cawley@ndri-nc.org for a copy.
- She explained that the information provided will portray important statewide quality related information. Quality Quick Facts are to generate discussion. The objective is to provide useful, positive information.
- The Division wants to use statewide NC-TOPPS data. If anyone has any ideas she requested that attendees let her know.

Transitioning Populations Project

- Maria (Ging) Fernandez, from the Division's Quality Management Team provided information on the Transitioning Population Project. (For her PowerPoint presentation, contact cawley@ndri-nc.org .) The project was funded by the Centers for Medicare and Medicaid Services. This project follows individuals as they transition from State facilities into the community. Interviews are conducted at discharge from the State facility, at 3, 6 and 12 months following discharge. Interviewers are either consumers or family members of consumers. The data collection is managed and supervised by UNC-Chapel Hill Clinical Center for the Study of Development & Learning (CDL). Based on the interview data gathered changes in policy/practice are made where appropriate.

- She described the respondents. Overall 80% of potential consumers completed interviews. Over half, 51%, were females, 42% males and 7% were unknown. Race/ethnicity broke down as follows: 42% white, 31% black, 26% unknown and 1% other. At discharge, 53% were in a group home, 32% in a residential setting, 8% lived with relatives, 4% lived alone and 3% were in jail.
- Items important for analysis include discharge planning, transition problems, changes in residences after discharge, happy with where they are living, and what they like or dislike about their current residence.
  - Seventy-eight percent were satisfied with their discharge planning process. Sixty-eight percent had choices available in their discharge plan.
  - Thirty percent had problems in their transition. Problems cited include: transportation, not enough preparation, medication, anxiety and isolation, personal/family and financial.
  - At three months 11 out of 56 consumers had changed residences. At six months 3 out of 33 consumers had changed residences.
  - At three months 67% liked where they were living. At six months this percentage increased to 83%.
  - Answers provided on what they liked about their current community residence include: freedom, independence, peace/privacy, respect, sense of accomplishment (volunteering, enrolled in school) and the residential staff.
  - Things they disliked about their community residence are: having nothing to do, some of the rules (smoking, waking up early, and taking a shower), not liking the food, being away from family and attitude of residence staff.

New Legislation on Measuring System Performance

- Thompson and Clark summarized legislation affecting the mental health, developmental disabilities and substance abuse services system. One piece of legislation provided more money to the system. Other legislation portrays an activist legislature. The legislature is prescribing what shall happen. The goal is to move reform forward faster. Spencer noted that quality and outcome concerns are moving into the forefront, thus pushing NC-TOPPS into the forefront.
- The legislation requires the Division to come up with five to ten measures to assess the State and LME performance. The desired measures will be ascertaining access, penetration rates, services' outcomes, CFACs involvement, monitoring providers (that is, seeing if they are getting technical assistance and training) and how funds are being used.)
- The Division will be hiring a consultant to help with improving crisis services, develop a three year strategic plan, use of data and standardization of forms and procedures.
- Thompson shared how the Division plans to use NC-TOPPS, IPRS and CDW databases to provide answers to the General Assembly. We all need to grow in using data as a management tool.
- Much discussion ensued over the legislation. Mele asked if the long range goal is to move to performance based funding. Clark responded that the State would like to move in this direction, but we can't get ahead of ourselves. We need to take baby steps by building infrastructure first. Others commented that it appears that the legislation is pushing for standardization. Briefly accreditation certification

requirements were discussed in light of the legislation requirements.

Overview of Screening Form

- Clark handed out the new two-page "Standardization Consumer STR Interview and Registration Form." (If you wish a copy of this form, contact cawley@ndri-nc.org.)
- Clark shared that he had just reviewed the form this morning with the NC Council. The form should be coming out soon from both Mike Moseley and the Director of DMA.
- He discussed the philosophy behind the form and then walked through it. He shared that LMEs need to be prepared to provide STR 24/7. LMEs will be completing the form, but also some providers will be completing the STR. The providers will provide the completed forms to the appropriate LME. The form does not go to the Division.
- He highlighted the Severity of Need Determination with Response Timeline and Consumer Registration for Enhanced Benefits Providers sections. To begin the form will be paper-based, but expectation is for it to move to an online system.
- Clark asked attendees to review and provide feedback.
- Clark also shared that the PCP/Consumer Admission Form was distributed this week.

Discussion on LME and Provider Implementation Issues and Consumer Issues

- Stroud pointed out the large number of consumers transferring from one provider to another for various reasons. She sees that transfers aren't being done so the new provider/clinician does not realize that an Update is needed. And, if a Transfer is not completed, the system does not allow the new clinician to enter another Initial. NC-TOPPS are not getting completed. Long explained that a transfer does not always need to be done. If the clinical home (where the PCP is done) changes, then a Transfer Interview needs to be completed.
- Stroud also asked if a consumer is in a residential group home who is responsible for the PCP and NC-TOPPS. Clark stated that the Division has left it up to the LME to decide which provider is the clinical home. Many LME members felt strongly that it should be left up to the LME. Someone noted that a Division PCP trainer stated at training that the residential home should be doing the PCP and NC-TOPPS.
- Stroud expressed her concern that the system is breaking down. She shared that Durham's compliance rate improved in the 2nd quarter from the 1st quarter, then in the 3rd quarter its compliance rate dropped below it 1st quarter rate. Others confirmed similar experience to Durham's. Reasons offered for this compliance decline is the impact from the change in service definitions, staff turnover and inability of providers to keep up with Updates. Clark proffered that hopefully things will begin to settle down. How do you approach providers to improve compliance?
- The main theme from the Committee's conversation on improving compliance is to provide incentive to providers. We must make NC-TOPPS data available for providers to use as a management tool and in monitoring quality of services. We need to emphasize quality improvement and monitoring for the providers. We need to develop a Providers QI Forum like we have for the LMEs. We need to get more providers on our Advisory Committee. We should tie NC-TOPPS to accreditation for

providers. Bess noted that due to overwhelmingness of the system transformation, Catawba is conducting more frequent provider forums. Catawba monitors its providers and works one on one with providers having problems. We need to show how NC-TOPPS can help with clinical outcomes. In general, clinicians do not use NC-TOPPS as a clinical tool. Durham Center is assessing the need to provide more trainings and technical assistance to get buy in.

- Clark reflected that we built NC-TOPPS slowly with committed programs and providers. Recently we expanded quickly and ambitiously with incorporating all of mental health providers. In general mental health providers have not been schooled in outcomes. He noted that we are now including Medicaid providers. This undertaking will not happen cleanly or quickly.
- It was recommended that we should consider bringing in national accreditation organizations to help us determine how NC-TOPPS can aid in the accreditation process. Collaboration is needed to train organizations and clinicians in interpreting and using data. We need to emphasize and make clear the importance of NC-TOPPS data down to the staff level. We must provide incentives. Staff must see benefit. We need to tie in healthy competition and best practice. Online queries need to be developed that provide immediately useful information.
- Members expressed concern on how to coordinate with directly enrolled Medicaid providers in getting an LME consumer record number. Directly enrolled Medicaid providers must do NC-TOPPS if consumer is receiving enhanced services. But, what is not an enhanced service? This too needs to be defined. Clark responded that the Division will consider this.
- At this point, Clark distributed a grid that depicts consumers coming into the system as either Medicaid or state funded consumers. This grid displays the requirements for service provisions (Diagnostic Assessment, Clinical Intake/Evaluation Assessment, Community Support or Targeted Case Management and Person Centered Plan). The grid lays out the responsibility requirements for these service provisions for:
    - New Medicaid Consumer meeting criteria for enhanced benefit services
    - New Medicaid Consumer meeting criteria for basic benefit services only
    - Current Medicaid Consumer, meeting criteria for enhanced benefit services and services received are **GREATER THAN** outpatient and/or medication management only
    - Current Medicaid Consumer, meeting criteria for enhanced benefit services and services received are **LIMITED TO** outpatient and/or medication management only
    - Current Medicaid Consumer meeting criteria for basic benefit services only and services received are **LIMITED TO** outpatient and/or medication management only
    - New State Only Consumer receiving enhanced benefit services by meeting Division Target Population Eligibility
    - Current State Only Consumer meeting criteria for enhanced benefit services and services received are **GREATER THAN** outpatient and/or medication management only
    - Current State Only Consumer meeting criteria for enhanced benefit

services and services received are **LIMITED TO** outpatient and/or medication management only
- o New State Only Consumer receiving core services only, does not meet Division Target Population Eligibility, services received are Assessment Only, Crisis/Emergency Services, or Consultation, Education and Prevention Services

Contact cawley@ndri-nc.org for the handout.

Advisory Committee Composition

- Following up on the comments from the above section's discussion, Cawley briefly addressed the changing of our members on our Committee. She noted that we would like to add more providers and to ensure we have consumer and family representation.
- She asked members to think about and offer possible suggestions for provider and consumer and family representation.

Other

- Earnhardt shared a handout and information on his NC-TOPPS presentation at the Orlando System of Care Conference this past May. Earnhardt noted that NC seems to light years ahead of other state in the collection of outcome measures. (Contact cawley@ndri-nc.org if you desire a copy of his handout.)
- It was noted that Durham Center received a national award for its System of Care.
- During other discussion Thompson commented that the Division would like graduate students to use NC-TOPPS data for their thesis or dissertation. It was suggested that the Division could promote a competition as way to promote this type of use.

Wrap Up and Adjournment

- The meeting was adjourned at 3:20 p.m. The next meeting is scheduled for October 26, 2006 from 10 a.m. to 3 p.m.